
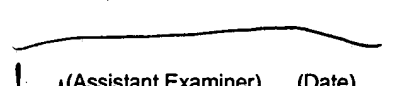
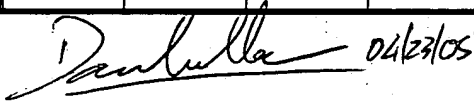
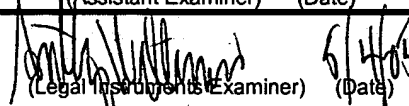


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|--|------------------------|---------------------|--|
| <b>Issue Classification</b><br> | <b>Application No.</b> | <b>Applicant(s)</b> |  |
|  | 09/728,633             | BLUM, DIETER W.     |  |
|  | <b>Examiner</b>        | <b>Art Unit</b>     |  |
|  | Dac V. Ha              | 2634                |  |

| ISSUE CLASSIFICATION         |   |          |   |       |                    |                                   |     |  |  |  |
|------------------------------|---|----------|---|-------|--------------------|-----------------------------------|-----|--|--|--|
| ORIGINAL                     |   |          |   |       | CROSS REFERENCE(S) |                                   |     |  |  |  |
| CLASS                        |   | SUBCLASS |   |       | CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |     |  |  |  |
| 375                          |   | 216      |   |       | 375                | 295                               | 316 |  |  |  |
| INTERNATIONAL CLASSIFICATION |   |          |   |       |                    |                                   |     |  |  |  |
| H                            | 0 | 4        | L | 25/00 |                    |                                   |     |  |  |  |
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|--|--|--|--|--------------------------------|--|
| <br>(Assistant Examiner) (Date)         |  | <br>Dac V. Ha<br>(Primary Examiner) (Date) |  | <b>Total Claims Allowed: 3</b> |  |
| <br>(Legal Instruments Examiner) (Date) |  |  |  | O.G. Print Claim(s)<br>1       |  |
|  |  |  |  | O.G. Print Fig.<br>1           |  |

|  |          |                              |          |                               |          |                                 |          |
|--|----------|------------------------------|----------|-------------------------------|----------|---------------------------------|----------|
| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant |          | <input type="checkbox"/> CPA |          | <input type="checkbox"/> T.D. |          | <input type="checkbox"/> R.1.47 |          |
| Final  | Original | Final                        | Original | Final                         | Original | Final                           | Original |
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